

## **APPENDIX A**

As identified in Paragraph (3) to this Collective Bargaining Agreement, the following Key Points of the Severance Plan have been agreed to:

### **SEVERANCE PLAN -- KEY POINTS**

1. An individual is eligible for Severance Pay if he is actively working on or after the signing of this Agreement and is permanently laid off for any reason.
  - a) An employee must work thirty (30) days to be credited for this benefit and vacation will not count towards the thirty (30) days of work.
2. Payment is due upon exhaustion of seniority rights--36 months after date of last layoff.
3. Layoff in excess of 180 days in line with seniority will be pro-rated.
4. Payments will be calculated as follows: As of January 1st of each year, the Fund balance including interest will be determined. That balance will be divided by the total number of service credits as of that date and any payout due during the year will be based on the individual's service in relationship to the total service.
5. Should there be a complete shutdown of operations at the Ridgway facility, the Fund balance including interest and up to date contributions, will be distributed to members as outlined in (4) above.
6. Funding for the Plan shall be modified as follows:  
Increase from \$0.25 per hour to \$0.45 per hour on 07/01/01.  
Increase from \$0.45 per hour to \$0.50 per hour on 07/01/02.
7. The formal Severance Pay Plan shall be prepared and approved by Carlisle Corporate Officers by January 1, 1986.

For the Company: W.M. SKELLEY, JR.  
For the Union: STEVE DISQUE

**APPENDIX A (cont'd)**  
**SEVERANCE PLAN PROPOSAL**

1. The Union may appoint three members of its choice to serve on the Board of the Severance Plan.
2. Benefits from the Plan shall be distributed under the following conditions:
  - a) Layoff-expiration of seniority rights under current Contract. Benefits will be calculated as of the day of layoff.
  - b) Retirement-ceases to have employment due to retirement.
  - c) Seniority rights are terminated for any other reason - quit, terminated, permanent disability or permanent non-bargaining unit job.
  - d) Death-should an employee die while a member of the plan, his plan benefit will be distributed to the beneficiary listed on his plant life insurance policy unless otherwise specified.
3. Severance credits for benefit calculation will be based on an employee's number of years in the Plan, not in the Plant.

**APPENDIX B\***  
**MEDICAL INSURANCE – MANAGED CARE**

	Coordinate Care "In Network"	Self-Referred "In or Out-of-Network"
<i>Deductible</i> Individual Family	None None	\$325 \$600
<i>Out-of-Pocket Maximums</i> (excludes Deductibles, Co-payments, Prescription Drug Expenses, Mental Health and Substance Abuse Expenses, Amounts over "Usual and Customary")	Not Applicable	\$1,000 Individual \$2,000 Family
<i>Co-Insurance</i>	100%	80% after deductible
<i>Policy Maximum</i>	Unlimited	\$500,000
<i>Claim Form Required</i>	No	Yes
<i>Physician Office Visits</i>	100% after \$10 co-payment	80% after deductible
<i>Preventive Care</i> <u>Adult</u> <i>Routine Physical Exam</i>	100% after \$10 co-payment	Not covered
<i>Routine Gynecological Exam</i> (including PAP smear)	Self-Refer to Network OB/GYN** (\$100 after \$10 co-pay)	Self-Refer to Non-Network OB/GYN** 80% (deductible does not apply)
<i>Mammograms as required</i>	100%	
<i>Pediatric</i> <i>Routine Physical Exams</i>	100% after \$10 co-payment	80% after deductible Not Covered
<i>Pediatric Immunizations</i>	100%	80% (deductible does not apply)
<i>Emergency Room Services</i>	100% after \$35 co-payment (waived if admitted) Coordinated benefits apply for emergency care. Authorization from your PCP or Blues On Call not required	80% after deductible Self-referred benefits apply for non-emergency care
<i>Hospital Expenses</i> (Inpatient and Outpatient)	100%	80% after deductible
<i>Medical/Surgical Expenses</i> (except office visits)	100%	80% after deductible
<i>Diagnostic Services</i> (Lab, x-ray, and other tests)	100%	80% after deductible
<i>Durable Medical Equipment</i>	100%	80% after deductible
<i>Ambulance</i> (Elective and non-emergency)	100%	80% after deductible
<i>Spinal Manipulations</i>	100% after \$10 co-payment	80% after deductible Limit 25 visits/year